

Applicant or Patentee: Machele Dan
Serial No.: Filed:
Patent No.: Issued:
For: Intravenous Tubing Cuff

torney's Docket No. : Y01-066

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY
STATUS (37 CFR 1.9(f) AND 1.27(b)) - INDEPENDENT INVENTOR**

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled Intravenous Tubing Cuff

described in

- (☒) the specification filed herewith
(☐) application Serial No. , filed
(☐) patent no. , issued

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

- (☒) no such person, concern, or organization
(☐) persons, concerns, or organizations listed below*

*NOTE: Separate verified statements are required from each named person, concern, or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

FULL NAME

ADDRESS

(☐) INDIVIDUAL (☐) SMALL BUSINESS CONCERN (☐) NONPROFIT ORGANIZATION

FULL NAME

ADDRESS

(☐) INDIVIDUAL (☐) SMALL BUSINESS CONCERN (☐) NONPROFIT ORGANIZATION

FULL NAME

ADDRESS

(☐) INDIVIDUAL (☐) SMALL BUSINESS CONCERN (☐) NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent to which this verified statement is directed.

Machele Daniels

NAME OF INVENTOR

NAME OF INVENTOR

NAME OF INVENTOR

Machele Daniels

Signature of Inventor

Signature of Inventor

Signature of Inventor

3/5/02

Date

Date

Date

COMBINED DECLARATION FOR PATENT APPLICATION
AND POWER OF ATTORNEY

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- ☒ Original
☐ Continuation
☐ Division
☐ Continuation-in-part
☐ Supplemental
☐ PCT
☐ Design

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled Intravenous Tubing Cuff

the specification of which

(check one) ☒ is attached hereto
☐ was filed on _____ as
Application Serial No. _____ and (a) [other than supplemental] was amended
on or (b) [supplemental] with amendments through _____

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of the application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Priority Claimed

☐

Yes

☐

No

Number

Country

Day/Month/Year filed

I hereby claim the benefit under Title 35, United States Code, §120 of any United States applications(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.

Filing Date

Status
(patented, pending, abandoned)

I hereby appoint the following attorneys, or agent and attorneys, to prosecute the application and to transact all business in the Patent and Trademark Office in connected therewith:

Kenneth W. Float, Registration No. 29,233

Address all telephone calls to Kenneth W. Float at (949) 459-5519.

Address all correspondence to the Law Offices of K. W. Float, Box 80790, Rancho Santa Margarita, CA 92688-0790.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF SOLE OR FIRST JOINT INVENTOR Machelle Daniels		INVENTOR'S SIGNATURE <i>Machelle Daniels</i>	DATE 3/5/02
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POST OFFICE ADDRESS			